Date Prepared _____

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Reporting Period: January 1, 20_____ to December 31, 20_____

Property Name: _____

Building Address: _____

_____

Total Units in Bldg: _____

Total Low Income Units in Bldg:_____

Total Employee Units in Bldg: _____

Total Market Units in Bldg: _____

Building Identification Number (BIN):

_____

*Set-Aside: 50%, 60%, Market

**Type of Unit: Homeless, Elderly, Employee / Mgr. / Exempt Unit, Over-Income (OI) @ recert

Unit No. (A)	Sq. Ft. (B)	Bdrm Size (C)	Head of Household (D)	HH Size At MI (E)	Move-in Date (F)	Gross Income at Move-In (G)	Last Cert Date (H)	Current Recert Date (I)	Current Recert Income (J)	HH Size At Recert (K)	Tenants Rent Portion (L)	Utility Allowance (M)	Move-Out Date (N)	*Set-Aside (O)	**Type of Unit (P)	Comments (Q)